

**APPLICATION FOR TEMPORARY
INSURANCE AGENT LICENSE**

Ref: Section 628.09, Wis. Stat.
Section 466(a) [42 U.S.C.666(a)]



State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
Web Address: oci.wi.gov/agentlic.htm

INSTRUCTIONS: Print or type all required information. Send this form along with check for fees made payable to the Office of the Commissioner of Insurance to the above address. Once issued, a temporary license is only valid for one year.

Last Name and Suffix (Sr., Jr.)	First Name	Middle Name
Previous Wisconsin Insurance License Number	Birthdate (Mo./Day/Yr.) (mandatory)	Social Security Number (mandatory)
Select Lines of Authority for Licensing (<i>Note: Each box represents a separate line of authority—see fee schedule below</i>) Major Lines <input type="checkbox"/> Life <input type="checkbox"/> Accident & Health <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Personal Lines P&C		
Residence Address (number, street, apartment number)		
City	State	Zip Code
Business Name or Company Name		
Business Address (number, street, apartment number)		
City	State	Zip Code
Residence Telephone		Business Telephone
Sex (for statistical purposes only) <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Descent (for statistical purposes only) <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other	
Check either A or B for kind of license which this application is being made (check only one) A. <input type="checkbox"/> To act for deceased or disabled agent Relationship (check appropriate box) Deceased agent: <input type="checkbox"/> Spouse <input type="checkbox"/> Administrator <input type="checkbox"/> Next of kin <input type="checkbox"/> Executor Disabled agent: <input type="checkbox"/> Spouse <input type="checkbox"/> Administrator <input type="checkbox"/> Next of kin <input type="checkbox"/> Executor Name of deceased or disabled agent: <div style="border: 1px solid black; width: 300px; height: 20px; display: inline-block;"></div> B. <input type="checkbox"/> To act for agent entering military service I wish to have the applicant named above continue my business for the line and company named hereon. Signature of agent entering service: <div style="border: 1px solid black; width: 500px; height: 20px; display: inline-block;"></div> Date: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>		

Check the appropriate box. If you answer "Yes" to any of the questions, it will be necessary for you to attach copies of the documentation listed to your application. Failure to attach the documentation will delay the issuance of your license and may result in the denial of your license. Applications are reviewed on an individual basis after they are received by OCI, and decisions cannot be made prior to receipt of the complete application by OCI.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, as defined, whether or not adjudication was withheld? "Crime" includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine. If you answer Yes, you must attach to this application:

Yes ☐ No ☐

 - a) a written statement explaining the circumstances of each incident,
 - b) a copy of the charging document,
 - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
 - d) a written explanation of why we should license you given this problem.

2. Have you or any business in which you are or were an owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee. If you answer Yes, you must attach to this application:

Yes ☐ No ☐

 - a) a written statement identifying the type of license and explaining the circumstances of each incident,
 - b) a copy of the Notice of Hearing or other document that states the charges and allegations,
 - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
 - d) a written explanation of why we should license you given this problem.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured, or producer, or have you ever been subject to a bankruptcy proceeding? If you answer Yes, you must attach to this application: Yes ☐ No ☐
- a) a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy,
b) a listing of all debts in the bankruptcy which are insurance-related, and
c) a listing of any debts not discharged because of fraud or other reasons, giving the reason the debt was not discharged.
4. Have you been notified by any jurisdiction to which you are applying for any delinquent tax obligation that is not the subject of a repayment agreement? If you answer Yes, identify the jurisdiction(s), amount due, and the date the tax was due: Yes ☐ No ☐
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5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer Yes, you must attach to this application: Yes ☐ No ☐
- a) a written statement, summarizing the details of each incident,
b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration,
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
d) a written explanation of why we should license you given this problem. Yes ☐ No ☐
6. Have you or any business in which you are or were an owner, partner, officer, or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer Yes, you must attach to this application: Yes ☐ No ☐
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents. Yes ☐ No ☐
7. Do you have a child support obligation in arrearage? If you answer Yes, you must attach to this application: Yes ☐ No ☐
- a) how many months are you in arrearage? _____ Months
b) how much is the arrearage \$ _____
c) a copy of any arrangements you have made to pay this. Yes ☐ No ☐
8. Are you the subject to a child support related subpoena or warrant? Yes ☐ No ☐

To Be Signed By Applicant

I hereby apply for a temporary license to solicit, negotiate, and effect policies of the type of insurance checked on Line 7 for the company shown on Line 5. I certify the information given above is correct and true. I state that I have read and knowingly made the foregoing statements and representations and that each and all statements and representations are true to the best of my knowledge. I understand that any misrepresentations, false statement, or fraud in connection with this application may be cause for revocation or suspension of a license issued thereon or may be cause for denial of application in addition to any other actions or penalties or both.

I agree to be subject to the jurisdiction of the Office of the Commissioner of Insurance and the courts of this state on any matter related to my insurance activities in this state and agree to service of process under ss. 601.72 and 601.73, Wis. Stat.

Signature of applicant	Date
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SPECIFIC INSTRUCTIONS/FEE

To obtain a temporary insurance agent license, completion of this form is required per s. 628.09, Wis. Stat. Personally identifiable information on this form will be matched with information from other states, agencies, and law enforcement agencies. Approval of your application **and** company appointment will enable you to sell insurance. Provided that the application is in order, it is estimated that the license will be issued within 20 working days. Telephone inquiries regarding licensing status may delay the processing of your application.

After the applicant has received a license, the company or companies the agent intends to sell for must be contacted by the licensed agent to get listed. To list an agent, a company must submit the Resident/Nonresident Agent Appointment Listing Form (OCI 11-001). The company will be billed in their designated billing month for both initial and renewal listings of resident and nonresident agents.

Fee Schedule:

One line of authority	\$ 50.00
Two lines of authority	85.00
Three lines of authority	135.00
Four lines of authority	170.00

VARIABLE CONTRACT:

A limited line variable contract test is **NOT** administered or required in Wisconsin. A properly licensed life insurance agent who has passed the appropriate NASD exam can sell variable contracts.

THE FEE REPRESENTS AN ADMINISTRATIVE EXPENSE AND IS THEREFORE NOT REFUNDABLE.

(Note: To sell auto and/or homeowners insurance, an agent must hold both property and casualty lines)